


## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

<b>Title of Invention</b>	Sexual Therapy Device				
First Named Applicant :	Irina A. Smith				
Attorney Docket Number :	001-400				
<p>I hereby appoint the registered practitioner(s) at Customer Number:</p> <p>29569</p> 					
<p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>I am the Applicant/Inventor.</p> <p>Full Name of Applicant of Record:</p> <table border="1"><tr><td colspan="2">Irina A Smith</td></tr><tr><td>Signature: Irina Smith</td><td>Date: 2004-08-12</td></tr></table>		Irina A Smith		Signature: Irina Smith	Date: 2004-08-12
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